

ganized along sound lines by converting an alluring theory into practical idealism, have continued to do effective work and to grow in respect and confidence of a certain percentage of physicians and of the non-medical public. The original idea of the "health center" was one of those beautiful theories which appealed to everyone and seemed easy of accomplishment. It was known that the hundreds of legitimate as well as useless health organizations were expensive, overlapping in function and oftentimes directly injurious to each other. The idea of the health center was to amalgamate at least the worthwhile groups of these organizations into one body by an interlocking directorate with common executive officers, common funds, and one common source for the direction of all activity. If such an idea could have been carried out, it would have been a wonderful thing, but like many other theories it violates too many of the instincts of ordinary human nature to make it widely workable.

At the present time the term "health center" is getting a very bad name, not only by large numbers of physicians, hospitals and other health agencies, but also by a large percentage of the public in general. And it may be confidently predicted that within a comparatively short time "health center" will have disappeared from use. This, of course, is inevitable with any slogan that has as many definitions as there are people working with the idea and where most of these definitions have an interested application that is not always to the best interest of the public.

The vast majority of "health centers" have long since departed almost entirely from the original thought in the mind of the original promoters. Most of them are now hardly more than conference offices of groups interested, and more or less periodically active, in some one narrow phase of health. Others add, where they can, the practice of medicine, usually one narrow branch of medicine, and they hold office hours at irregular intervals.

The movement as a whole is no longer important enough to warrant serious consideration, but while they continue to operate, public health authorities should insist that they at least be required to occupy clean, well-ventilated space.

THE DIAGNOSIS OF DISEASE BY MECHANICAL DEVICES

Many commendatory letters and some criticism of the stand CALIFORNIA AND WESTERN MEDICINE has taken against the practice of medicine by inadequately educated unlicensed persons and government agencies, using scales, measuring-rods and tables of averages to make diagnoses, have been received and otherwise reported to us. The criticism was anticipated, and it was hoped that it would come.

A few of the personally interested critics want to know where we get supporting evidence for our position, and state that all the literature they have seen commends their work. From a large amount of scientific literature, as distinguished from the propaganda many of these earnest workers believe as they do the Bible, we will quote only two:

The Metropolitan Life Insurance Company,

which must work right or lose money in the health field, after careful and painstaking investigation conclude in effect that *the only diagnosis of value is the one made after thorough personal examination by an educated physician*. Their work also shows that it requires just as much intelligence and skill to safely inform a person that there is nothing the matter with him as it does to classify or diagnose his diseases.

The British Medical Research Council has been for some years carefully and exhaustively studying the various mechanical methods of determining physical fitness. Their work is still going on, but progress reports come out from time to time, and some of these are already conclusive. Commenting editorially on the work and findings of the Research Council, as well as other investigators, the London Lancet says:

"The results of certain investigations conducted during the war gave rise to the hope that, by an appropriate treatment of measurements long familiar to physical anthropologists and physicians (measurement of body dimensions and of vital capacity), it might be possible to obtain simple and widely applicable methods of assessing physical condition. The Medical Research Council have collected then and since much data with the object of throwing light on this point, and though the whole of this material has not yet been analyzed, a sufficiently large sample has given negative results. Inquiry as to whether any other less familiar system of measurements or tests might serve to found a rational and accurate mode of judging goodness or badness of physique had led to equally disappointing results. It seems now to be established on grounds of an analysis of measurements of young adult males, in adult women, and schoolboys of various ages and social class that the inherent variability of vital capacity within homogeneous groups of apparently healthy persons is so great that inference from deviations above or below the normal of a particular combination of measurements will rarely be of service in the assessment of individual cases."

The bold-faced part of this important quotation covers quite well the opinion of the vast majority of educated, experienced physicians who are in a position to speak without the possibility of having their motives questioned.

INCORPORATING THE HOSPITAL

Not satisfied with securing laws that allow them to license themselves to practice medicine, certain insufficiently educated "near doctor" groups are quite active in attempts to require hospitals to accept their licenses in lieu of education as credentials to practice in these hospitals. Hospital owners and directors are at last becoming aroused over the situation and are instituting preventive measures.

So many requests for information and assistance are being received that we are republishing here with an editorial from the October, 1921, issue of Better Health.

"We are in receipt of numerous requests for copies of Articles of Incorporation for hospitals of various types that will properly safeguard scientific standards and promote better medicine. Of course, there must be some variation in the Articles of Incorporation, depending upon the character of the organization and purposes of the institution. However, there are certain fundamental principles that should be embodied in the Articles of Incorporation of every hos-

pital. These essential features are covered in the following articles, which have been prepared by members on the Section on Medical Economics, Education and Hospitals of the League and the counsel for the League, and have been endorsed by the executive committee of that organization.

ARTICLES OF INCORPORATION

"Approved by the League for the Conservation of Public Health.

"The primary and permanent purpose of the — Hospital is to construct and shall be to conduct a hospital that will zealously promote and protect the health of this community through its medical, surgical, nursing, laboratory, x-ray, dietetic, physiotherapeutic, and all other scientific, technical and administrative services, by equipping and maintaining each department with adequate facilities and personnel of competent caliber in compliance with the scientific standards and methods which modern medicine requires to fulfill its humanitarian mission of the promotion of health, the prevention and treatment of disease. That this scientific purpose may be always insured, none but duly licensed physicians and surgeons graduated as Doctors of Medicine from reputable schools shall be eligible to its staff membership or any other professional privileges, and the established ethics of the medical profession shall govern all of the scientific activities of the — Hospital. Recognizing that a hospital can only increase its own efficiency and enhance its community value by advancing the medical education and science of those that serve therein, this hospital will constantly cooperate with hospital betterment movements operated and controlled by educated physicians, so that it may take and fill its place as a modern temple of health for the welfare of the community, the state, and the nation.

"And, in furtherance of the foregoing:

"To construct, manage, operate and conduct a hospital for the preventive, curative and other treatment of sick or injured persons, in accordance with the primary and permanent purposes hereinabove stated;

"To purchase, acquire, own, lease as lessor or as lessee, mortgage as mortgagor or mortgagee, to execute deeds of trust upon to secure any indebtedness, to hold and to otherwise deal in real property necessary and suitable as a site for a hospital building, or buildings, and necessary accessory buildings, together with necessary and convenient grounds for all of the foregoing purposes;

"To construct, purchase or otherwise acquire, own, use, operate, maintain, sell or otherwise dispose of hospital buildings and accessory buildings, including nurses' home, electric or steam power plant, ice plant, laundry, machine shop, carpenter shop, orthopedic work shop, sterilizing plant, incinerator, garbage plant, sewer system, cold storage plant, distilled water generator, mortuary and chapel, library, pharmacy, x-ray, chemical, clinical microscopy, pathological and other laboratories, physiotherapy, occupational therapy, therapeutic shops, reconstruction therapy laboratories, disinfecting plant, garage, in connection with, in relation to or in any way necessary to carry out the purposes hereinbefore enumerated;

"To purchase or otherwise acquire, own, hold, use and dispose of ice, drugs, chemicals, surgical equipment and appliances, automobiles, ambulances, furniture, kitchen utensils, or other personal property of every character necessary or convenient to carry into effect the above enumerated purposes;

"To purchase or otherwise acquire, own, hold, use and maintain, sell or otherwise dispose of all necessary equipment, apparatus, material facilities and appliances of every kind and character suitable or convenient for carrying into effect the foregoing purposes;

"To make, produce, manufacture, hold, own, use, sell or otherwise dispose of drugs, toxins, anti-toxins,

serums, vaccines, and other kindred or specific preparations for cultural or therapeutic purposes;

"To buy, sell, own, hold, lease, mortgage, to pledge as the pledgor or to accept in pledge as pledgee, and otherwise to deal in or dispose of all kinds of personal property of every description;

"To borrow and loan money;

"To buy, sell, own, hold or accept in pledge as pledgee or to pledge as pledgor, or otherwise deal in or dispose of any securities or evidences of debt created by any other corporation or corporations;

"To establish, maintain, and conduct in connection with the operation of said hospital a school of nursing and to furnish adequate education and instruction for interns and technical assistants of all kinds, and to grant and issue diplomas and certificates to graduates who have complied with the educational requirements of this hospital, the standard educational institutions of this state and of the law;

"To receive gifts, donations, devises, legacies, and bequests from public-spirited, charitable, benevolent, and philanthropic persons and corporations, for the purpose of carrying into effect the said primary and permanent purposes of this corporation;

"To pay out of the net profits of this corporation to its stockholders dividends upon the subscribed, issued and capital stock thereof, in no event and at no time to exceed the prevailing rate of interest in this community charged by reputable banks to borrow on first-class secured loans thereof."

Many of the newer hospitals have utilized these articles, and other and older ones have incorporated the basic principles in their constitutions, by-laws, and other legal papers.

Several of the hospitals now in serious trouble were warned of their dangers. Several new hospitals recently incorporated have made the mistakes of incorporating without protecting themselves, or their patients. Some of them will find their carelessness quite expensive in the end.

AFTER ALL, CALIFORNIA DOES NOT MONOPOLIZE MEDICAL PROBLEMS

The following editorial from the journal of the Indiana Medical Association says in other language what many medical publications are intimating in less vigorous language. It is our understanding that the problem in Indiana has since been adjusted by the Board of Public Health withdrawing from the practice of medicine by clinics or otherwise.

"Heretofore we have had occasion to remark that the economic side of the practice of medicine has no greater foe than the public health service which insidiously, though none the less surely, is beginning to assume nearly all of the functions of the private practitioner of medicine. It is a debatable question whether state medicine will prove satisfactory even for the care of the indigent, but at all events we are drifting in that direction, and the medical profession is permitting itself to be, not only the injured party in this transformation, but the one which, by means of its present apathy and disinterestedness in the subject, is helping along the coming of the evil day when state medicine will be a fact rather than a theory. For several months there has been some controversy with our own Indiana State Board of Health, concerning certain practices on the part of the board that we think are infringing upon the rights of private practitioners of medicine, and that overstep the bounds of what ordinarily is considered public health work. A protest has been filed with the board by some representative physicians of Indianapolis, and in an early number of The Journal we shall publish this protest along with the answer on the part of the board. Perhaps it is pertinent to suggest, as we often have done before, that it is high